Filed 08/14/09 Entered 08/14/09 17:13:01 Desc Main Case 09-13359 Doc 2 Page 1 of 1

Document

FORM NO. 2

United States Bankruptcy Court Western District of Tennessee

09-13359

Case No.

	Debtor(s)	Cha	pter 13		
	CHAPTER 13 PLA (INDIVIDUAL ADJUSTMENT				
DEBTOR(S):	(H) Mary McFarland Burnside	S.S.#	xxx-xx-0529		
	(W)	S.S.#			
ADDRESS:	5895 Railroad Street				
PLAN PAYMENT:	Williston, TN 38076 Debtor(s) to pay \$ 1,260.00	(weekly every t	wo weeks, semi-m	onthly mo	nthly)
PAYROLL DEDUCTION:		DIRECT PAY	wo weeks, sellir ili	onuny, mo	nuny)
11111022 222 001101	BECAUSE: Motion for Direct Pay fil				
	FIRST PAYMENT DATE: September				
PLACE OF EMPLOYMENT:	Middlecoff Dental Group				
ADMINISTRATIVE:	Pay filing fee, Trustee's fee, and debtor's	attorney fee, pursua	int to Court Or		
					MONTHLY
AUTO INSURANCE:	(X) Not included in Plan () Inclu	ded in Plan		\$	<u>PLAN PMT.</u> 0.00
CHILD SUPPORT:		ded iii i iaii		\$	-NONE-
2000	Child support arrearage amount			\$	
PRIORITY CREDITORS:	-NONE-			\$	-NONE-
HOME MORTGAGE:	If no arrearage, ongoing payments are to	be paid directly by	the debtor(s).	¢.	OUDDENT
Suntrust Mortgage	Ongoing pmt. Begin Approx. arrearage 0.00	Interest C	0.00 %	\$ \$	CURRENT 0.00
SECURED CREDITORS;	VALUE	RATE (MONTHLY
(retain lien 11 U.S.C. Sec. 1325{a}{5})	COLLATERAL	INTERE			PLAN PMT.
-NONE-	<u> </u>		%	\$	
UNSECURED CREDITORS:	Absent a specific court order otherwise, all shall be paid as general unsecured debts. P				
ESTIMATED TOTAL UNSECU	RED, NON-PRIORITY DEBT: \$80,658.	00			
TERMINATION:	Plan shall terminate upon payment of th	ne above, approxima	tely 60 months	3.	
State Farm: Debtor will p Debtor's spouse to pay a Rejected Leases -NONE-: Assumed Leases -NONE-: *ADEQUATE PROTECTION PA	pay claim directly at 0.00 per month. pay claim directly at 655.00 per month. auto payment direct outside of plan. AYMENT WILL BE 1/4 (25%) OF PROPO				
FAILURE TO FILE TIMELY WI	RITTEN OBJECTION TO CONFIRMATION	JN WILL BE DEE!	MED ACCEPT	ANCE (JF PLAN.

B. David Sweeney 012821 DEBTOR'S ATTORNEY:

In re

Mary McFarland Burnside

Garrett & Sweeney P.O. Box 341698 Memphis, TN 38184

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